

**HARVEY PUBLIC SCHOOLS DISTRICT 152**

**CONFERENCE / CONVENTION / WORKSHOP ATTENDANCE REQUEST**

Please submit one copy of any information you may have concerning this request at least TWO WEEKS BEFORE requested c / c / w date(s).

(PLEASE PRINT)

Name of Person: \_\_\_\_\_

Grade / Subject / School: \_\_\_\_\_

Name / Date of C / C / W: \_\_\_\_\_

Location of C / C / W: \_\_\_\_\_

Give a tentative summary of expected expenses:

Registration: \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Estimated Total: \$ \_\_\_\_\_

Will a substitute be required? Yes: \_\_\_\_\_ No: \_\_\_\_\_ All Day? Yes: \_\_\_\_\_ No: \_\_\_\_\_ AM / PM

Long Range Plan: \_\_\_\_\_ Goal: \_\_\_\_\_ Explain what you desire to gain by attendance:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature & Date

\_\_\_\_\_  
Principal's Signature & Date

\_\_\_\_\_  
Administrator's Signature & Date

NOTE: IF APPROVED, A WRITTEN REPORT MUST BE SUBMITTED TO SUPERINTENDENT OR ADMINISTRATOR WITHIN ONE WEEK AFTER THE CONFERENCE / CONVENTION / WORKSHOP.

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**OFFICE USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

Account Name & Number: \_\_\_\_\_

PO # \_\_\_\_\_ CHECK REQUEST: Accounts Payable \_\_\_\_\_ Payroll \_\_\_\_\_ Imprest \_\_\_\_\_

Substitute Account Name & Number: \_\_\_\_\_

Name of Substitute Called: \_\_\_\_\_

\_\_\_\_\_  
Business Manager Signature / Date

\_\_\_\_\_  
Superintendent's Signature / Date